

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Felix Perez

17CV677

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

COMPLAINT
(Prisoner)

New York Police Department
John Doe Officer of the 104th Precinct
who shot me at about 1:30 pm on
August 1, 2016.

Do you want a jury trial?
☐ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

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NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other: Discharge of firearm to unarmed civilian and injury

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

<u>Felix</u>		<u>Perez</u>
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

441-16-00039

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

AMKC Riker's Island ~~18-1~~

Current Place of Detention

18-18 Hazen St

Institutional Address

E. Elmhurst

County, City

NY

State

11370

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

<u>John</u>	<u>Doe</u>	
First Name	Last Name	Shield #
<u>Police officer</u>		
Current Job Title (or other identifying information)		
<u>104th Precinct</u>		
Current Work Address		
<u>Glendale</u>	<u>NY</u>	<u>11384</u>
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Maspeth Queens 66 St

Date(s) of occurrence: 8/1/16

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On the date of August 1, 2016 I (Felix Perez)
was shot by an officer of the 104th Precinct
while trying to flee the scene of a burglary.
I was unarmed and showed no intention
of harming anyone nor did I make any hand
gestures indicating that I was armed or
dangerous. I was shot in the left groin
and the bullet barely missed my femoral
artery, urethra and rectum and is now
lodged in my right buttocks. I am
experiencing post traumatic stress
disorder and other side effects. I am
currently prescribed psychotic medication
due to this occurrence.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Injury is a bullet wound to the left groin which resulted to post traumatic stress disorder which include nightmares of being killed by officers and fear of anyone in uniform.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

\$ 10,000,000 in injury relief and pain and suffering.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

11/16/17
 Dated Felix I Plaintiff's Signature Felix Perez
 First Name Middle Initial Last Name
18-18 Hazen St
 Prison Address
E. Elmhurst NY 11370
 County, City State Zip Code

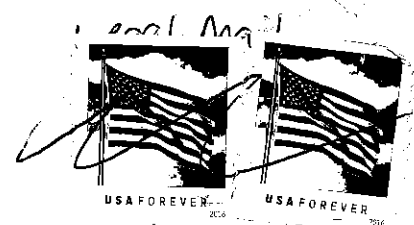
Date on which I am delivering this complaint to prison authorities for mailing:

11/16/17

Felix Perez 441 1606039
18 18 Hazen St.
E Elmhurst NY 11370 *Q10U*

USM_{P3}
SDNY

Comm. 1/17
You have
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RECEIVED
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the Daniel Patrick Moynihan
United States Courthouse
500 Pearl St. Room 2200
New York, NY 10007-1512